

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155687		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 03/31/2015	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-MUNCIE				STREET ADDRESS, CITY, STATE, ZIP CODE 2701 LYN-MAR DR MUNCIE, IN 47304			
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F 000 Bldg. 00	<p>This visit was for the Investigation of Complaint IN00169723 and IN00170176.</p> <p>Complaint IN00169723 - Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00170176 - Substantiated. Federal/State deficiencies related to the allegations are cited F312, F353 and F356.</p> <p>Unrelated deficiency is cited at F431.</p> <p>Survey dates: March 30 and 31, 2015.</p> <p>Facility number: 000097 Provider number: 155687 AIM number: 100290970</p> <p>Survey Team: Shelley Reed, RN</p> <p>Census bed type: SNF/NF: 97 Total: 97</p> <p>Census payor type: Medicare: 4 Medicaid: 83 Other: 10 Total: 97</p>			F 000	<p>This Plan of Correction constitutes my written allegation of compliance for the deficiencies cited. However, the plan of correction is not an admission that a deficiency existed or that one was cited correctly. The plan of correction is being submitted to meet state and federal law.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 312 SS=D Bldg. 00	<p>Sample: 4</p> <p>These deficiencies reflect State findings cited in accordance with 410 IAC 16.2-3-1.</p> <p>Quality review completed on April 1, 2015 by Randy Fry RN.</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. Based on observation, interview and record review, the facility failed to ensure a resident who was dependent on staff for grooming and personal hygiene received those services for 1 of 4 residents reviewed for personal hygiene. (Resident D)</p> <p>Findings Include:</p> <p>The clinical record of Resident D was reviewed on 3/30/15 at 2:26 p.m. The record indicated the resident's diagnoses included, but were not limited to, hemiplegia, obesity, neurogenic bladder, debility and diabetes. The current Quarterly Minimum Data Set (MDS)</p>			F 312	<p>1.What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Facility will ensure that a resident who is unable to carry out Activities of Daily Living receives the necessary services to maintain good nutrition, grooming and personal and oral hygiene. Resident D gets up each morning before breakfast and is transferred by mechanical lift into his electric wheelchair. He prefers not to get out of his wheelchair to toilet or change as he prefers to maintain his independence. We met with Resident D and he has agreed to a trial of scheduled times to get out his chair and allow staff to provide personal</p>		05/01/2015

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	<p>dated 1/17/15, indicated Resident D was cognitively intact.</p> <p>During an interview on 3/30/15 at 2:00 p.m., Resident D indicated staff had to work double shifts, got fed up and quit. He stated the midnight shift only had one person. He stated almost every day he urinated through his clothing. He stated he has not get showers twice weekly. He indicated he had been transferred with the stand-lift system by only one person in the past.</p> <p>During observation on 3/30/15 at 2:00 p.m., Resident D was wet through his sweats, food and grime were noted on his sweatshirt and his wheelchair was very dirty.</p> <p>Review of a current Care Plan initiated 12/14/10, indicated Resident D had a problem with self care related to left side hemiplegia and generalized debility. The interventions included, but were not limited to, assist with bathing, grooming, dressing and toileting. Resident D also had a problem related to incontinence. Interventions included, but were not limited to, use briefs/pads for incontinence protection.</p> <p>This federal tag relates to Complaint IN00170176.</p>				<p>care. Resident D also agreed to allow staff to clean his wheelchair on a scheduled basis after he lays down for the night . 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. The Unit Manager reviews the Shower Sheets each business day to assure that showers were given or that alternatives were offered for those that refused. The Unit Manager also audits the Wheelchair Cleaning Schedule for completion. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? All nursing staff have been educated on providing activities of daily living and the cleaning schedule. The Unit Manager reviews the Shower Sheets each day to assure that showers were given or that alternatives were offered for those that refused. The Unit Manager also audits the Wheelchair cleaning schedule for completion and reports results each day to DNS or alternative. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Results of the Shower Sheet Audit and Cleaning Schedule will</p>		

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F 353 SS=E Bldg. 00	<p>3.1-38(a)(2)(A)</p> <p>483.30(a) SUFFICIENT 24-HR NURSING STAFF PER CARE PLANS The facility must have sufficient nursing staff to provide nursing and related services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care.</p> <p>The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>Except when waived under paragraph (c) of this section, licensed nurses and other nursing personnel.</p> <p>Except when waived under paragraph (c) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>Based on observation, interview, and record review, the facility failed to ensure an adequate amount of nursing staff was available to meet the needs of residents for 1 of 2 units.</p> <p>Findings include:</p>			F 353	<p>be reviewed in QAPI each month for the next 6 months until compliance and then quarterly thereafter, or increased as needed. 5. By what date the systemic changes will be completed? May 1, 2015</p> <p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient paractice? The facility will continue to ensure that there is sufficient nursing staff to provide nursing and related services to meet the highest practicable</p>		05/01/2015

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	<p>A CNA assignment sheet was provided by LPN #3 on 3/31/15 at 10:00 a.m. The assignment indicated the following: two CNAs were scheduled to care for 53 residents on the Alzheimer's Care Unit (ACU). Of these residents, 7 required total care, 7 required extensive care, 21 required moderate care. Of the 53 residents, 46 were a fall risk.</p> <p>Review of the facility staff recommendations for the current census of 97 on 3/30/15, indicated a total of 25.7 CNAs were approved. The current schedule for 3/30/15 included 14 CNAs over 3 shifts. On 3/31/15, the facility census was 99. The schedule included 14.5 CNAs over 3 shifts. The recommendation was for 26.2 CNAs. The facility currently had 28 CNAs on staff.</p> <p>During an anonymous interview on 3/30/15 at 1:45 p.m., an alert and oriented resident indicated the facility was understaffed. He stated he was not getting his baths twice a week, but did not really care. He stated the night shift staffing had improved, but not the other shifts.</p> <p>During an anonymous interview on 3/30/15 at 2:00 p.m., a second alert and oriented resident indicated staff had to</p>				<p>physical, mental, and psychosocial well being of each resident as determined by resident assessments and individual plans of care. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. Management and Licensed Nurses have been filling in and assisting as needed. The facility is actively hiring new staff. A mailer was sent to all certified and licensed staff within a 30 mile radius of the facility. The facility has partnered with a local Nurse Aide Training Facility to offer scholarships to those who successfully complete the Nurse Aide course. Also, a Recruitment/Retention Committee has been established to address employee needs and concerns. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? Management and Licensed Nurses have been filling in and assisting as needed. The facility is actively hiring new staff. A mailer was sent to all certified and licensed staff within a 30 mile radius of the facility. The facility has partnered with a local Nurse Aide Training Facility to offer scholarships to those who successfully complete the Nurse Aide Course. Also, a</p>		

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	<p>work double shifts and were fed up. He stated the midnight shift only had one person. He stated almost everyday he urinated through his clothing.</p> <p>During observation on 3/30/15 at 2:00 p.m., a resident was wet through his sweats, food and grime were observed on his sweatshirt and his wheelchair was very dirty.</p> <p>During an interview on 3/30/15 at 3:15 p.m., CNA #4 indicated residents were not getting turned, bathed or changed as often as they should. She stated the facility needed more staff.</p> <p>During an interview on 3/31/15 at 4:02 a.m., LPN #2 indicated she was covering both the advanced unit and the ACU area. She indicated she had two CNA's also working and they covered both units.</p> <p>An observation on 3/31/15 at 5:10 a.m., indicated two LPNs and two CNAs were observed working on the "C" unit. A bed alarm sounded several times down the middle hall with no response for approximately 2 minutes. After several minutes, a CNA entered the room and the resident was found kneeling over his bed with his knees on the floor. The CNA was assisted by another CNA and the LPN. The resident was found to have</p>				<p>Recruitment/Retention Committee has been established to address employee needs and concerns. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Staffing hours and patterns will be reviewed daily by the Scheduler, DNS, and ED, as well as every month as a standing item in QAPI to prevent recurrence. 5. By what date the systemic changes will be completed? May 1, 2015</p>		

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	<p>urinated on the floor and had his elbows over the bed pad that was alarming. He indicated he had attempted to go to the bathroom. 3 of the 4 staff members attended the resident for several minutes.</p> <p>On 3/31/15 at 6:00 a.m., a strong urine smell was noted throughout the step-up unit on the ACU hall.</p> <p>During an interview on 3/31/15 at 6:15 a.m., CNA # 6 indicated they were very short staffed and cannot give the residents the care they need.</p> <p>During an interview on 3/31/15 at 6:25 a.m., CNA #7 indicated she had 19 people to check and change every 2 hours. She stated for privacy reasons, curtains had to be pulled and doors had to be shut, but it was difficult to monitor the other 18 residents since they often wandered on the unit.</p> <p>During an interview on 3/31/15 at 6:30 a.m., the Administrator indicated the facility did not have as many CNA's as they would like. She indicated the concern related to low staff had been discussed back in February. She indicated she had heard from 2 residents related to staffing concerns. She indicated they have hired several new CNAs, offered classes and additional</p>						

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F 356 SS=E Bldg. 00	<p>benefits for employment.</p> <p>On 3/31/15 at 9:07 a.m., LPN #3 indicated staff were good about picking up extra time, but something had to give related to resident care.</p> <p>During an interview on 3/31/15 at 9:20 a.m., CNA #5 indicated oral care and nail care were not being done with so many residents.</p> <p>In an interview on 3/31/15 at 10:40 a.m., the Activity Director indicated she did not keep track of residents who complained if it was just one resident. She stated the Social Service Director (SSD) follows up if it is just one person. She indicated the SSD person was not in the office today.</p> <p>This federal tag relates to Complaint IN00170176.</p> <p>3.1-17(a)</p> <p>483.30(e) POSTED NURSE STAFFING INFORMATION The facility must post the following information on a daily basis: o Facility name. o The current date.</p>						

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	<p>o The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift:</p> <ul style="list-style-type: none"> - Registered nurses. - Licensed practical nurses or licensed vocational nurses (as defined under State law). - Certified nurse aides. <p>o Resident census.</p> <p>The facility must post the nurse staffing data specified above on a daily basis at the beginning of each shift. Data must be posted as follows:</p> <ul style="list-style-type: none"> o Clear and readable format. o In a prominent place readily accessible to residents and visitors. <p>The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard.</p> <p>The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater.</p> <p>Based on observation, interview and record review, the facility failed to ensure posted nursing staff information was accurate and up to date for 2 of 2 days of the survey (3/30-3/31/15). This practice had the potential to affect 97 of 97 residents who resided in the facility.</p> <p>Findings include:</p> <p>During initial tour on 3/30/15 at 9:45</p>	F 356	<p>1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The facility will continue to post the daily staffing information.</p> <p>2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. The facility will continue to post and maintain the daily</p>	05/01/2015			

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	<p>a.m., the nursing staff information was not found posted in the facility.</p> <p>On 3/31/15 at 9:10 a.m., the nursing staff information was found posted with the date 3/30/15.</p> <p>Review of the Nursing Staff Posting dated 3/30/15, a total of 2 RN's were listed for day shift and 3 RN's were listed for 2nd shift. The scheduled also listed 5 LPN's for third shift.</p> <p>During an interview on 3/30/15 at 10:30 a.m., the Assistant Director of Nursing (ADON) indicated she took over the scheduling a few weeks ago. She indicated since she had taken over the scheduling, she had not been posting the staff information sheet. She indicated the staff schedule for 3/30/15, indicated 2 RN's were in the building, but only 1 was in the facility because a unit manager had quit. She indicated 3 RN's were not on the schedule as listed for 3/30/15 during the second shift, but only 1 RN was on scheduled to work.</p> <p>On 3/31/15 at 4:00 a.m., 3 LPN's were noted in the facility. One LPN was in the Alzheimer's Unit (ACU) and 2 were in the "C" wing.</p> <p>During an interview on 3/31/15 at 6:25</p>				<p>staffing information as required.</p> <p>3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The Skilled Unit Charge Nurse has been assigned to verify that this information is posted at the beginning of each shift and is accurate. The audit will be submitted to the DNS or designee for review during the Clinical Start Up meeting the next morning.</p> <p>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Skilled Unit Charge Nurse has been assigned to verify that this information is posted at the beginning of each shift and is accurate. The audit will be submitted to the DNS or designee for review during the Clinical Start Up meeting the next morning. This information will be reviewed for 6 months in QAPI until compliance is met and then every quarter thereafter.</p> <p>5. By what date the systemic changes will be completed? May 1, 2015.</p>		

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	<p>a.m., CNA #1 indicated she came to work on 3/30/15 at 6:00 p.m.</p> <p>During an interview on 3/31/15 at 6:30 a.m., the ADON indicated she did allow 1 LPN to not work, but 1 LPN did come in the evening to help with an admission. She indicated 6 CNA's were scheduled to work 3/31/15, 3 in the ACU unit and 3 on "C" wing. She indicated 1 CNA was not yet in the building and was scheduled to work in the ACU unit, but another CNA had called off that was scheduled to work in the "C" unit.</p> <p>During an observation on 3/31/15 at 9:05 a.m., CNA #1 was still working in ACU, 15 hours after the start of work.</p> <p>This federal tag relates to Complaint IN00170176.</p>						

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F 431 SS=E Bldg. 00	<p>483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS</p> <p>The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>Based on observation, interview and record review, the facility failed to ensure</p>		F 431	1. What corrective action(s) will be accomplished for those residents found to have been		05/01/2015	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
	<p>medication and treatment carts were maintained in a secure manner to prevent potential access at all times by unauthorized users in the Alzheimer's Care Unit (ACU). This deficient practice had the potential to affect 27 of 27 confused, ambulatory residents who resided in the facility. The facility also failed to properly store pills and patches in a locked medication cart for 2 of 2 medication carts observed (ACU).</p> <p>Findings include:</p> <p>1. During an observation on 3/31/15 at 4:00 a.m., 2 medication carts and 2 treatment charts were found to be unlocked and unattended. There were no staff observed in the area.</p> <p>On top of medication cart #1, 2 patches were noted with a date 3/31/15. 4 medication cups were noted on top of the cart with pills inside and resident initials on the cup.</p> <p>On top of medication cart #2, 6 packages of pills were observed in their original package.</p> <p>Two staff members were noted around the corner watching television in the lounge.</p>				<p>affected by this deficient practice? The facility will ensure that medication and treatment carts will be maintained in a secure manner to prevent potential access at all times by unauthorized users. 2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken? All residents have the potential to be affected. All Licensed Nurses were immediately inserviced on secure storage of treatments and medications. 3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? All Licensed Nurses were immediately inserviced on secure storage of treatments and medications. A random Medication Storage Audit will be completed by the Unit Managers or designee daily for 30 days to verify compliance and Quarterly thereafter or as indicated. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? The Medication Storage Audit will be completed by the Unit Managers or designee daily. The audit results will be reviewed daily in Clinical Start Up and monthly during QAPI for 6 months and quarterly thereafter. 5. By what</p>		

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FORM APPROVED
OMB NO. 0938-0391

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	<p>LPN #2 arrived at 4:02 a.m. She indicated she was covering both the advanced unit and the ACU area and was currently passing medications. The unlocked carts and unattended pills were identified to the nurse.</p> <p>At 4:05 a.m., LPN #2 left the unlocked carts with the medication on top to go wash her hands.</p> <p>At 4:07 a.m., LPN #2 left the unlocked carts with the medication on top to go to the nurses ' station.</p> <p>During observation of the medication administration at 4:09 a.m., LPN #2 entered a resident ' s room to replace a transdermal patch and administer oral medication. The cart was left unlocked and the 3 medication cups remained on top of the cart with the other transdermal patch. Medication cart #2 remained near the nurses ' station, unlocked. Both treatment carts remained unlocked.</p> <p>At 4:14 a.m., LPN #2 entered another resident ' s room to apply a transdermal patch. The medication cart remained unlocked and unattended with 3 medications cups on top.</p> <p>At 4:18 a.m., LPN # 2 entered another resident ' s room to administer one of the</p>				date the systemic changes will be completed? May 1, 2015		

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	<p>cups of medications. The other 2 cups remained on top of the unlocked cart.</p> <p>At 4:22 a.m., LPN #2 locked the medication cart, but left the other 6 packages of pills on top of medication cart #2 near the nurses' station.</p> <p>During observation of medication administration, LPN #2 identified each medication that was observed on top of medication carts as the following:</p> <ul style="list-style-type: none"> a. Exalon patch (anti-Alzheimer drug) b. Tylenol (pain medication) c. Neurontin (anticonvulsant) d. Tegretol (anticonvulsant) e. levothyroxine (hormone replacement) f. hydroxyzine (anxiolytic) <p>2. Review of a current policy dated 12/12, titled "Medication Administration", which was provided by the Director of Nursing (DON) on 3/31/15 at 9:35 a.m., indicated the following:</p> <p>"7.1 GENERAL GUIDELINES POLICY</p> <p>...4. Medications are to be administered at the time they are prepared.</p> <p>...17. During administration of</p>						

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	<p>medications, the medication cart is kept closed and locked when out of sight of the medication nurse. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications when unlocked.</p> <p>3.1-25(m)</p>						